

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

Utah -- Informing Nursing Home Residents about Community Long-Term Care Options

Issue: Nursing Home Resident Education Project

Summary

Utah conducted a statewide campaign to educate nursing home residents about community-based long-term care options. Utah contracted with local Independent Living Centers (ILCs) and local Area Agencies on Aging (AAAs) – organizations with direct experience and knowledge about community services – to conduct the group and one-on-one educational sessions and needs assessments at nursing homes in their local areas.

Introduction

Many people who live in nursing homes do not know about alternatives that would provide the support they need to live independently. As a

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first step in transitioning nursing home residents to the community, states must address the challenge of informing nursing home residents about their community long-term care options. With funding from the Center for Health Care Strategies (CHCS) in Princeton, NJ, Utah conducted an educational campaign using local, community-based organizations to conduct on-site education of nursing home residents.

This report describes the origins of Utah's program, its challenges and impact. This information comes from interviews with the State Director of Long-Term Care and the project coordinator. Reports to CHCS also informed the report.

Background

As part of its response to the 1999 Supreme Court decision *Olmstead v. L.C. and E.W.*, Utah developed a plan to provide more and better information to Medicaid recipients about their long-term care options. Utah designed this plan to help people – particularly those in transition from one care setting to another – make fully

informed decisions about their care. Utah began implementing this plan by first educating people currently living in nursing homes. The state's view is that these residents may have been placed in a nursing home without knowing or understanding all of their options. With input from its Olmstead planning committee, Utah designed a program that would use community-based organizations to conduct group and one-on-one education sessions at nursing homes throughout the state.

Intervention

Utah contracted with local Area Agencies on Aging (AAAs) and Independent Living Centers (ILCs) to conduct on-site resident education programs from February until August 2001. The contractors were responsible for conducting group educational sessions at nursing homes that served Medicaid participants. They also conducted follow-up one-on-one interviews with any resident requesting additional information, and intensive needs assessments for residents expressing continued interest.

AAA and ILC educators gave an overview of all HCBS programs.

At each group session, a pair of educators – one from each organization – distributed packets containing information about each of Utah's home and community-based long-term care

programs. Utah's Medicaid staff prepared these packets in advance.

Using a slide presentation prepared by Medicaid staff, the educators gave an overview of all the community-based long-term care programs. The educators then presented basic information about each of the programs. These programs include: 1) four different Medicaid home and community-based services waiver programs, 2) support available from ILCs, 3) support available from AAAs, and 4) other state-funded programs. Finally, the educators – some of whom are former nursing home residents themselves – told real life stories of successful community transitions.

At the end of each group meeting, educators offered to meet individually with residents. At the one-on-one sessions, the educators answered individual questions and discussed community care options in more detail. Educators also collected preliminary information about the residents using a standardized interview tool designed by the Disability Rights Action Committee of Utah.

The educators were guaranteed the same access as state surveyors.

The AAAs then conducted intensive needs assessment for residents who expressed continuing interest after the one-on-one meeting. Each assessment was administered by a Licensed Registered Nurse and a Licensed Social Worker or other Mental Health Therapist. This team identified the services and supports necessary for the resident to make a transition to the community and evaluated the availability of publicly funded services to meet these needs. The team then explained the results of the assessment to the resident.

Implementation

Utah faced two significant implementation challenges when implementing the education program: 1) ensuring an unbiased presentation of information from AAAs and ILCs, who also provide Medicaid home and community-based

services; and 2) ensuring nursing homes allowed the educators to make their presentations.

Utah dealt with the first challenge in several ways. First, Utah's Medicaid department prepared the slide presentation and the informational packets – thereby ensuring that the printed materials and the presentation were complete and impartial. Second, Utah trained the educators during several months of trial sessions in one county. The educators used this opportunity to learn about the other programs and practice impartiality. Third, Utah required that a third-party observer – usually a long-term care ombudsman – be present for all of the group sessions. As a familiar face in nursing homes, the ombudsman made residents feel comfortable, lent credibility to the educational session, and insured an unbiased presentation. Finally, Utah required educators to disclose their relationship with their programs if residents expressed specific interest in them.

Utah also needed to ensure that the nursing homes would allow educators on site to conduct the sessions. Utah established that, as Health Department contractors, the educators were guaranteed the same access to nursing home residents as the Department's state surveyors and Medicaid staff. In order to address any individual facility concerns, the educators separately briefed staff and managers about the program. Utah found that the individual managers and staff were often supportive. In addition, the executive leadership at Utah's Department of Health communicated strong support for this program to the state's nursing home industry.

Impact

According to the state's evaluation, the project provided education and outreach visits to 85 of Utah's 100 nursing homes. Some nursing homes were excluded

either because they did not serve Medicaid participants or due to other circumstances unique to a facility. On average, about 20

Medicaid staff are still working with people interested in moving to the community.

percent of residents attended group educational sessions. About 15 percent of those who attended received intensive needs assessments.

The contractors have completed the needs assessments. Of the 63 residents that case managers determined are appropriate for a less restrictive setting, 30 have moved to the community. Half of these people used Medicaid community programs after discharge, and the other half made other arrangements. Some of the latter group were people admitted to nursing homes for a scheduled short-term stay, who may have left the nursing home without assistance.

Utah has learned some lessons it believes will improve rates of community placement following the next educational program. First, the state has found that case managers who conduct needs assessments tend to be conservative in determining resident needs – valuing safety over a less restrictive environment. In future

educational programs, Utah will address this issue in working with case managers. Second, Utah believes some residents – appropriate for community placement – are reluctant to follow up on referrals. Utah plans to implement a peer support system to give residents additional assistance. Finally, Utah plans to create an ongoing education program in the belief that initial interest in group sessions will improve as the program becomes more familiar to residents.

Utah plans to gather additional information as it analyzes the final needs assessments. It will use any further information to improve future educational programs.

Contact Information

For more information about Utah's Nursing Home Resident Education Project, please call Nicole Adams, Policy Specialist, at (801) 538-9188 or nadams@doh.state.ut.us.

Some Discussion Questions:

How effective and appropriate is this approach in helping cognitively impaired nursing home residents transition to the community?

Can this approach be adapted to assist residents in other institutions?

Anne Tumlinson of The Health Strategies Consultancy wrote this report, one of a series of reports by The MEDSTAT Group for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series will be available online at CMS' web site, <http://www.cms.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.